## HEALTH SERVICES AND DEVELOPMENT AGENCY SPEAKER'S FORM

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY.

PLEASE PRINT LEGIBLY	MEETING DATE:June 24, 2020
NAME: Michael D. Brent	TITLE: Attorney
COMPANY / AGENCY: Bradley Arant Boult Cummings LLP	
ADDRESS: 1600 Division Street, Suite 700	
CITY / STATE: Nashville, TN	ZIP CODE:37203
PHONE NO.: <u>(615)</u> 252 - 2361 . SIGNATUR	
1. PROJECT #: CN_2008-008 PROJECT NAME:Q	Does Arms Care Corporation d/b/s Knox County #6
2. CHECK THE ONE THAT APPLIES:	pen Arms Care corporation u/b/a Knox County #.
I WISH TO SPEAK IN SUPPORT OF THE PROJECT	T ·
I WISH TO SPEAK IN OPPOSITION OF THE PRO	
3. DO YOU WISH TO BE COPIED ON THE APPROVAL /	DENIAL LETTER FOR THIS PROJECT?
X YES NO	
PURSUANT TO T.C.A. □ 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS <i>NOTICE</i> OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.	
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ATTENDANCE ON FILE WITH THE AGENCY.	JDAY'S MEETING OR HAVE YOUR
PLEASE PRINT LEGIBLY	MEETING DATE:June 24, 2020
NAME: George Stevens	TITLE:
COMPANY / AGENCY: Integra Resources	
ADDRESS: 101 West Park Drive, Suite 140	
CITY / STATE: Brentwood, TN	ZIP)CODE:
i i	E:
CITY / STATE:         Brentwood, TN           PHONE NO.:         (615) 585 - 3496 . SIGNATURE	E: "FORM MUST BE SIGNED"
CITY / STATE: <u>Brentwood, TN</u> PHONE NO.: <u>(615 ) 585 _ 3496</u> . SIGNATURI  1. PROJECT #: CN <u>2008-008</u> PROJECT NAMEO	E:
CITY / STATE: Brentwood, TN  PHONE NO.: (615 ) 585 - 3496 . SIGNATURE  1. PROJECT #: CN_2008-008 PROJECT NAMEO  2. CHECK THE ONE THAT APPLIES:	E: "FORM MUST BE SIGNED"  pen Arms Care Corporation d/b/a Knox County #5
CITY / STATE: <u>Brentwood, TN</u> PHONE NO.: <u>(615 ) 585 _ 3496</u> . SIGNATURI  1. PROJECT #: CN <u>2008-008</u> PROJECT NAMEO	E: "FORM MUST BE SIGNED"  pen Arms Care Corporation d/b/a Knox County #5
CITY / STATE: Brentwood, TN  PHONE NO.: (615 ) 585 - 3496 . SIGNATURE  1. PROJECT #: CN_2008-008 PROJECT NAMEO  2. CHECK THE ONE THAT APPLIES:  IX I WISH TO SPEAK IN SUPPORT OF THE PROJECT	E: "FORM MUST BE SIGNED"  pen Arms Care Corporation d/b/a Knox County #5  T  JECT
CITY / STATE: Brentwood, TN  PHONE NO.: (615 ) 585 - 3496 . SIGNATURE  1. PROJECT #: CN_2008-008 PROJECT NAMEO  2. CHECK THE ONE THAT APPLIES:  X I WISH TO SPEAK IN SUPPORT OF THE PROJECT IN WISH TO SPEAK IN OPPOSITION OF THE PROJECT IN OPPOSITION OPPOSI	E: "FORM MUST BE SIGNED"  pen Arms Care Corporation d/b/a Knox County #5  T  JECT

PURSUANT TO T.C.A.  $\square$  68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS *NOTICE* OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.

## HEALTH SERVICES AND DEVELOPMENT AGENCY SPEAKER'S FORM

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY. PLEASE PRINT LEGIBLY MEETING DATE: June 24, 2020 NAME: Richard Brown Director TITLE: COMPANY / AGENCY: Facilities Development Group ADDRESS: 101 West Park Drive, Suite 140 CITY / STATE: Brentwood, TN PHONE NO.: (615) 620 \_ 6272 . SIGNATURE: "FORM MUST BE SIGNED" 1. PROJECT #: CN 2008-008 PROJECT NAME: Open Arms Care Corporation d/b/a Knox County #5 2. CHECK THE ONE THAT APPLIES: [X I WISH TO SPEAK <u>IN SUPPORT</u> OF THE PROJECT I WISH TO SPEAK IN OPPOSITION OF THE PROJECT 3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT? Y YES □ NO

PURSUANT TO T.C.A.  $\square$  68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS *NOTICE* OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.